

Illinois Quad Cities (Moline, Silvis, East Moline & Rock Island) Lead (Based Paint) Hazard Reduction Program
Lead Safe Home Program

IS YOUR HOME SAFE FOR YOUR CHILD?



Do you live in an older home that may have peeling paint or old windows? We can help make repairs to your home to make it lead (base paint) safe for your family.

The City of Moline is the Responsible Entity (RE) who will serve as the **central location (department)** for this Illinois Quad Cities \$2,400,000 Lead Based Paint Hazard Reduction Grant Program and will be responsible for ensuring program compliance among the the Illinois Quad Cities Healthy Homes Coalition (Coalition). The Coalition members carrying out the objectives in this new lead grant opportunity include: **four local neighboring governments: City of Moline, City of Silvis, City of East Moline and the City of Rock Island; one Community Housing Development Organization, Project NOW, and the Rock Island County Health Department.**

Lead poisoning is a leading environmental illness of children and is caused primarily by lead-based paint in older homes. Although substantial progress has been made in recent years, the State of Illinois maintains one of the highest rates in the nation for the number of children with elevated blood lead levels (EBLL's). Most recently, the State of Illinois reduced the EBLL threshold from 10 µg/dL to 5 µg/dL. The most common exposure to lead for children is through the ingestion of paint chips and contaminated dust from deteriorated or disturbed lead-based paint in homes built before 1978.

Up to \$2,240,000 dollars will address lead based paint hazards and \$160,000 dollars will be used to assist with Healthy Homes Supplemental (HHS) activities for the promotion and development of healthy housing that will substantially reduce the number of households with health and safety hazards, while preserving the quality of the current housing stock. Examples of possible HHS items include: water supply, electrical hazards, structural collapse, and tripping hazards.

You may qualify for help if you meet the criteria below:

There must be a child under 6 years of age who either lives OR who spends a significant period of time at the home sixty (60) hours a year OR a pregnant female LIVING IN the home;

Your home must be located (within the city limits) in Moline, Rock Island, East Moline or Silvis, Illinois;

The total household income (gross) must be below the 80% AMI HUD income guidelines;

Your home or apartment must be built prior to 1978;

The property taxes on your home must be current.

Property (Parcel) must be free from derogatory liens and judgments.

Getting started is Easy! Just fill out the attached application and mail, drop off or call for pick up:

Illinois Quad Cities Lead Safe Home Program
City of Moline
KJ Whitley, Lead Program Manager
619 16 Street Moline, IL 61265
kwhitley@moline.il.us 309.524.2044

Other program contacts:
Mariah Benson, Lead Case Manager
Rock Island County Health Department
2112 25th Avenue, Rock Island, IL 61201
mbenson@co.rock-island.il.us 309.558.2950

Anamaria M. Vera, Housing & Loan Program Officer
City of Rock Island
1528 3rd Avenue, Rock Island, IL 61201
vera.anamaria@rigov.org 309.732.2907



Application Instruction

- Please call **309.524.2044** with any questions about the program or with completing this application;

- Please fill in each section of the application completely;

- Please submit the following documents with your application. Your application cannot fully be processed until all the required information is received. We can make copies of your documents. The following is a checklist for your convenience:
 - Completed Healthy Homes Lead Based Paint Reduction Program Application
 - Full list of **all** household members with birthdates & social security/ITIN Numbers
 - Signatures
 - Applicant's Certification
 - Blood Testing Release
 - Proof of Income**
 - 2018 - Signed copy of the previous year tax returns (owner(s) only)
 - Copy of last 2 months (60 days' consecutive pay stubs) from each employment source (anyone 18 or older)
 - Zero Income Form (**If an occupant over the age of 18 doesn't work, a zero income affidavit form shall be submitted.**)
 - Note: If owner or occupant over the age of 18 is self-employed, a self-certification affidavit form must be submitted. These forms are available upon request.
 - Pension - (annual gross or monthly gross)
 - Copy of recent statement of income amount from any other sources (Examples: retirement Social Security, disability - (annual gross or monthly gross)
 - Child Support / Alimony - (annual gross or monthly gross)
 - Copy of most recent **2 months** of bank statements (**BOTH** savings and checking accounts)
 - Other (i.e. babysitting, Uber, etc...)
 - Proof of Identification**
 - Social Security Card, ITIN Card or Illinois driver's license or Identification card (with correct address), passport or permanent residence card
 - Proof of ages of children under six and children **not listed** on previous year's taxes
 - Birth Certificate for any child the age of 5 or under (at the time of application)
 - Authority to Release Information (included in the application packet)
 - Copy of current Insurance Policy (Declaration Page)
 - Optional – If you have them, please provide these items:**
 - Copy of Warranty Deed
 - Copy of current Property Tax Statement

Depending on the type of assistance you qualify for, additional documents may be required.

FOR OFFICE USE ONLY

Household adjusted annual income \$ _____ HUD Income limit \$ _____ HUD FY Year Limits 20____

Household size _____ Income limit category 0 – 50% 51 – 80% over 80%

Signature of LPM _____ Date _____

Household Detail: Please list every person living in your unit. Proof of income for each working adult is required. Examples of proof include tax returns, pay stubs, wage records, employer verification (directly from employer, not the employee).

Name	Date of Birth MM/DD/YEAR	Social Security # or ITIN #	Relationship	Employer/Source of Income	Annual or Monthly Gross Income
Example Only: Cruz Serrano	09/12/1967	123-45-6789	Father	Social Security	\$1,800.00 Monthly
			Parent		\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
*Verification of a child's age can be documented with a signed letter from the parents indicating the d.o.b, or, school, medical or other official records that indicate the child's date of birth. Please attach a copy of the document (s) to the application.				Total Monthly Income	\$ _____

Qualifying Child

- A child under the age of 6 years old lives at this address. A pregnant female lives at this location.
 A child under the age of 6 years spends at least sixty (60) hours at this location a year. Vacant rental unit.

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the Federal Government in order to monitor compliance with equal credit opportunity and fair housing laws. You are not required to furnish this information, but are encouraged to do so. The law provides that an agency may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations this agency is required to note race and sex on the basis of visual observation or surname. **If you do not wish to furnish the above information, please check the box below.**

 I do not wish to furnish this information**Race/National Origin:**

- American Indian, Alaskan Native Asian Native Hawaiian or Other Pacific Islander
 Black or African American Hispanic White Other (specify) _____

Ethnicity:

- Hispanic or Latino Non-Hispanic or Latino

- Number of units occupied or made available to families with incomes at or below 80% of the area median income level _____
- If five (5) or more units, number of units occupied by families with incomes above 80% of the AMI _____ (_____ % - cannot exceed 20%)
- I/we understand that multi-family units (five or more units) in the Federal Emergency Management Agency Special Flood Hazard Areas are not eligible for this program.

For Rental/Vacant Units Only - I/we also agree to give priority in renting units assisted for not less than 3 years (following the completion of lead interim control/abatement activities) to income qualifying families, with a preference to a child/children under age six.

APPLICANT'S CERTIFICATION:

For Owner Occupied Units: I/we understand that the financial assistance for IQCHHC Lead Based Paint Hazard Reduction Program work is provided as a grant.

For Rental/Vacant Units Only: I/we understand that the financial assistance for IQCHHC Lead Based Paint Hazard Reduction Program work is provided as a three year forgivable 0% interest forgivable loan. A Regulatory and Land Use Restriction Agreement will be recorded against the property. The period begins when the work has been cleared by verification of laboratory results and expires three (3) years from that date.

The applicant/tenant certifies that all information in this application and all other information furnished in support of this application are given for the purpose of obtaining a forgivable loan under the Lead-Based Paint Hazard Reduction Program, and are true and complete to the best of the Applicant's/Tenant's knowledge. Verification may be obtained from any source named herein.

I understand that under the guidelines of this program, my house will be inspected by the agency's program staff to determine the amount of work to be performed, and that the agency, in conjunction with the IQCHHC Program Manager, has final authority.

As a condition of receiving financial assistance through the Lead-Based Paint Hazard Reduction Program, I agree to maintain my property in a decent, safe and sanitary condition, in compliance with all the adopted codes of the City where I reside.

I/WE FURTHER ATTEST THAT THERE IS A CHILD LESS THAN SIX YEARS OLD WHO EITHER LIVES IN THE UNIT LISTED ABOVE OR SPENDS MORE THAN SIXTY (60) HOURS PER CALENDAR YEAR.

Applicant Signature (required)	Date	Co-Applicant's Signature	Date
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For Rental/Vacant Properties (Only)

Tenant Signature (if applicable)	Date	Co-Tenant's Signature	Date
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PENALTY FOR FALSE OR FRAUDULENT STATEMENT: U.S. title 18, Sec. 1001 provides: "Whoever in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or documents knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than 5 years or both."

**IQCHHC (CITY OF MOLINE)
LEAD BASED PAINT HAZARD REDUCTION PROGRAM**

AUTHORITY FOR RELEASE OF INFORMATION

Program Administrator (Sponsor) Name: **Illinois Quad Cities Healthy Homes Coalition (IQCHHC) (City of Moline)**

Program Administrator (Sponsor) Address: **619 16th Street, Moline, IL 61265**

I hereby authorize the above Sponsor to verify my bank accounts, employment records, outstanding debts, including any present or previous mortgages, and to make other inquiries pertaining to my qualification for home maintenance assistance from the Lead Hazard Reduction Program administered by the **Illinois Quad Cities Healthy Homes Coalition (IQCHHC)**. Sponsor may make copies of this letter for distribution to any party with which I have a financial or credit relationship and such party may rely on such copy as if the same were an original.

Privacy Act Notice: All information collected by Sponsor or its assignees shall be used in determining whether I qualify as a prospective recipient of a forgivable loan under the **Illinois Quad Cities Healthy Homes Coalition (IQCHHC)** Lead Hazard Reduction Program. Such information will not be disclosed outside Sponsor except as required and permitted by law. I understand that I do not have to provide any such information, but that failure to do so may cause my application for approval as a recipient or borrower to be delayed or rejected.

Applicant Signature (required)

Date

Applicant Name (Print) (required)

Co-applicant Signature (required, if applicable)

Date

Co-applicant Name (Print) (required, if applicable)

For Rental/Vacant Units (Only)

Tenant Signature (rental Units - if applicable)

Date

Tenant Name (Print) (rental Units - if applicable)

Co-Tenant Signature (rental Units - if applicable)

Date

Co-Tenant Name (Print) (rental Units - if applicable)